

10-13-04  
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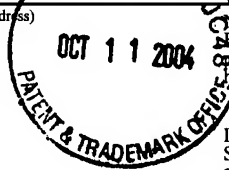
09/29/2004

Charles W. Calkins  
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10/15/2004 FMETEK12 00000014 10075423

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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,423	02/13/2002	Lawrence G. Reid JR.	00471/268588	7582

TITLE OF INVENTION: THERAPEUTIC BAG

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	12/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEMILLE, DANTON D	3764	601-015000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Stockton LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Zilon Corporation

Rural Hall, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☒ The Director is hereby authorized by check to credit any overpayment, to Deposit Account Number 16-1435 (enclose an extra copy of this form).

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- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature J. Michael Boggs  
Typed or printed name J. Michael Boggs

Date 10/11/04  
Registration No. 46,563

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## EXPRESS MAIL CERTIFICATE

"Express Mail" Label No. : EV 463 358 594 US  
Serial No. : 10/075,423  
Applicant(s) : Lawrence G. Reid, Jr. et al.  
Filing Date : February 13, 2002  
Title : ***Therapeutic Bag***  
Examiner : Danton D. Demille  
Group Art Unit : 3764  
Type of Document(s) : Express Mail Certificate;  
Transmittal Form;  
PTOL-85/B – Issue Fee Transmittal (*in duplicate*);  
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Debbie K. Cooke (signature)  
Debbie K. Cooke

*Date Mailed: October 11, 2004*



PTO/SB/21 (04-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/075,423	
	Filing Date	February 13, 2002	
	First Named Inventor	Lawrence G. Reid, Jr. et al.	
	Art Unit	3764	
	Examiner Name	Danton D. Demille	
Total Number of Pages in This Submission	3	Attorney Docket Number	00471-268588

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>1. Express Mail Certificate</b> <b>2. Return Postcard</b>
<div style="border: 1px solid black; padding: 5px; min-height: 50px;">             Remarks           </div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	J. Michael Boggs, Reg. No. 46,563
Signature	<i>J. Michael Boggs</i>
Date	10/11/04

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